



Department of Obstetrics and Gynecology
Rules and Regulations

I. Definition

- 1.1 The Department of Obstetrics and Gynecology of CHA Hollywood Presbyterian Medical Center (HPMC) is governed according to the accepted principles of the American College of Obstetricians and Gynecologists (ACOG).

II. Goals

- 2.1 The goals of the Department are:
 - 2.1-1 To provide comprehensive care to mothers and their newborns, and to all women with gynecologic disorders.
 - 2.1-2 To maintain an educational atmosphere within which all members of the staff may constantly improve their professional abilities and skills.
 - 2.1-3 In accordance with the Medical Staff Bylaws, Article II, maintain affiliation with medical schools for the teaching of medical students, residents, and health science personnel.

III. Organization

- 3.1 The officers of the Department shall consist of a Chair and a Vice Chair. These officers shall be elected by the Active members of the Department in accordance with the Bylaws of the Medical Staff. The Vice Chair is appointed by the Chair.
 - 3.1-1 Chair
 - A. The Chair shall be the Head of the Department. The Chair shall preside at all meetings. He or she shall appoint all necessary committees of the Department and shall be an ex-officio member of such committees. He or she shall conduct all meetings of the Department and shall be responsible for maintaining the high ethical and professional standards of the Department members. He or she shall serve as a member of the Medical Executive Committee.
 - 3.1-2 Vice Chair
 - A. The Vice Chair shall assist the Chair in all duties. He or she shall preside as Chair in the absence of the Chair, and shall become Chair in the case of disabilities or incapacitation of the Chair.
- 3.2 Duties
 - 3.2-1 The Department of Obstetrics and Gynecology shall be responsible to:
 - A. Coordinate the activities and policies of the Department.
 - B. Receive and act upon the reports of other committees and to advise and make recommendations to the Medical Executive Committee as necessary.

- C. Make decisions in all matters pertaining to the Department, with the approval of the Medical Executive Committee.
- D. Present recommendations to the Medical Executive Committee regarding:
 - i. Appointments to the Department.
 - ii. Reappointments to the Department.
 - iii. Designation of clinical privileges to be granted.
 - iv. Designation of Medical Staff category assignments.
 - v. Evaluation of each Department member through observations of clinical performance and review of medical records.
 - vi. Carrying out disciplinary actions as recommended by the Medical Executive Committee.
 - vii. Enforcement of the Rules and regulations of the Department and the Bylaws of the Medical Staff.
- E. Review the Rules and Regulations for proposed amendments and modifications and propose such approved changes to the Medical Executive Committee.

IV. Members

4.1 Appointments

- 4.1-1 Board Certification requirements for all initial appointments will be in accordance with the Medical Staff Bylaws.

V. Clinical Privileges

- 5.1 All Clinical Privileges in the Department of Obstetrics and Gynecology shall be determined by the Department and/or Department Chair and approved by the Medical Executive Committee and the Governing Board of HPMC.
- 5.2 All Clinical Privileges will be reviewed at the time of reappointment.
- 5.3 All members of the Department of Obstetrics and Gynecology must have a Fetal Heart Monitoring Certified provided by HPMC; or additional certificates will be accepted at the discretion of the Chair. Certification must be renewed every three years in accordance with national certification, or in accordance with the certificate's expiration date.

VI. Robotic-Assisted Surgery

6.1 Initial Applicant

- 6.1-1 Applicants for robotic-assisted surgical privileges at HPMC will be expected to submit the required documentation of their surgical training as well as of their recent performance on the surgical team that he or she works with. Applicants with previous documented experience in robotics should include up to 12 cases per year in the specialty. This is in order that his or her volume of cases and his or her surgical results can be adequately analyzed to ensure that the surgical patient will receive the highest level of care at HPMC.
- 6.2 Reappointment
 - 6.2-1 Anyone maintaining robotic-assisted surgical privileges at HPMC must be Board Certified or Board Eligible in his or her specialty. He or she should be actively engaged in the performance of robotic-assisted surgery.
- 6.3 Criteria on training and credentialing requirements for performing robotic-assisted surgery will be monitored and enforced by the Robotics Steering Committee which reports to the Department of Surgery.
- 6.4 See Robotic-Assisted Surgery privilege form for requirements on training and renewal of privileges.

VII. Proctoring

- 7.1 All appointments are Provisional for the first year, during which time performance shall be observed by the Chair of the Department, or his or her designee, to determine eligibility for regular membership and the exercise of clinical privileges granted provisionally. A total of six obstetric cases with a variety of gynecology cases will be proctored. It is the responsibility of the Provisional Staff physician to have his or her proctoring documentation filled out. A minimum of two proctors are required.
- 7.2 Proctoring for robotic-assisted surgery is as follows:
 - 7.2-1 Basic Robotic-Assisted Surgery
 - A. A minimum of the first three basic cases proctored by an approved proctor (refer to the Robotic-Assisted Surgery Credentialing and Privileging Policy).
 - B. A minimum of the first five non-proctored cases retrospectively reviewed.
 - 7.2-2 Advanced Robotic-Assisted Surgery
 - A. Completion of all proctoring and case reviews for basic robotic-assisted surgery privileges.
 - B. Approval from the Robotics Steering Committee. Additional proctoring or case reviews deemed appropriate by the Robotics Steering Committee.
 - 7.2-3 Surgical Bedside Assistant
 - A. MD or DO or PA with current privileges to assist in open or laparoscopic surgery will require a minimum of the first two cases proctored (proctoring waived for surgeons with robotic-assisted surgery privileges).

VIII. Participation in the ER On Call Panel

- 8.1 Physicians interesting in joining the ER On Call Panel must fulfill the following requirements:
 - 8.1-1 Completed proctoring (unless waived by the Medical Executive Committee for extenuating circumstances).
 - 8.1-2 Active, Courtesy, or Provisional Staff status (unless waived by the Medical Executive Committee for extenuating circumstances).
 - 8.1-3 Able to respond in accordance with the on-call agreement.
 - 8.1-4 Maintains active back-up for emergency situations.
 - 8.1-5 Concurrent call at other hospitals requires seamless back-up to ensure HPMC patients are responded to in a timely manner.
 - 8.1-6 Physicians shall at all times be Board Certified or Qualified for Certification by the American Board of Obstetrics and Gynecology. However, if a physician has been practicing at HPMC for ten or more years, is in good standing and in good health, he or she shall be allowed to take call.
 - 8.1-7 Physician shall at all times be physically present on hospital campus while he or she provides call for the hospital.

IX. Ongoing Professional Practice Evaluation (OPPE)

- 9.1 The ongoing professional evaluation of the quality of obstetric and gynecology care will be conducted on an ongoing basis by routine collection of information concerning important aspects of care on all physicians in the Department.
- 9.2 Department meetings will include an assessment of the collected information to identify important problems and opportunities to improve Obstetrics and Gynecology services. The Department agrees on indicators that reflect current knowledge and clinical experience. These indicators are used in the monitoring and evaluation of services. The Department shall take action and evaluate the action(s) taken when important problems or opportunities to improve care are identified. The findings from and conclusions of the monitoring, evaluation, and problem-solving activities shall be documented and reported to the Medical Executive Committee and evaluated as a part of the hospital's annual reappraisal of the Quality Management Program . The Chair of the Department may appoint designees to perform Focused Professional Practice Evaluations (peer review) and report to the Department and Medical Executive Committee.

X. Admissions

- 10.1 Upon admission, all patients shall be assessed by the obstetric nurse.
- 10.2 All patients admitted in labor must have on admission a record of blood type, Rh, VDRL, HIV, and Hepatitis B (or blood drawn and test pending), and prenatal record. For HIV and Hepatitis B, verbal report is not acceptable.

- 10.3 Obstetric patients are admitted directly to the Labor Room from the Admitting Office or Emergency Room. Elective Cesarean sections should not be scheduled past 5:30 PM. Upon admission, the Attending physician is notified after the assigned Nurse has determined the status of labor, evidence of bleeding, and the general condition of the patient. Following this, orders of the physician are noted.
- 10.4 The Admitting Physician shall be primarily responsible for patient care, except in those high-risk cases in which the admitting physician is a practitioner other than an obstetrician / gynecologist, in which instance the obstetrician consultant shall be responsible for patient management.
- 10.5 In situations where the Admitting Physician is not immediately available, or does not anticipate being able to arrive at the hospital before a patient's delivery, the designated back-up physician shall be notified. If the designed back-up physician is not available, an obstetrician who is already in the proximate area would manage the patient's care. The Admitting Physician shall reimburse the delivery physician at Medi-Cal or accepted rate. If reimbursement is not obtained by delivering physician, he or she may bill Administration.
- 10.6 It is the responsibility of the Admitting Physician to make arrangements for their own assistant when scheduling a patient for elective Cesarean section or other elective surgical procedure which requires an assistant. In emergency situations, the nurse may be asked by the physician for assistance in obtaining an assistant.
- 10.7 If an obstetrician needs an assistant for an emergency Cesarean section, the following procedure will be followed. If back-up physician is not available, the physician on-call for that 24-hour period will be called to assist.
 - 10.7-1 If the on-call physician is not available any obstetrician who is available within the Hospital premises and available within 30 minutes will be asked to assist.
 - 10.7-2 If, however, physician in his or her best clinical judgment believes that any delay in awaiting assistant's arrival may result in worsening of maternal and fetal condition, physician may proceed without one.
 - 10.7-3 For non-elective, non-emergent Cesarean section the obstetrician must attempt to find an assistant. If after several attempts are made and there is not assistant available, the obstetrician may choose to proceed using his or her best clinical judgment.

XI. Consultations

- 11.1 Physicians may practice only within the scope of privileges granted. Physicians are encouraged to seek consultation in high-risk, problem, or complicated cases.

XII. Induction / Augmentation of Labor

- 12.1 The patient must be examined prior to the induction / augmentation, and the findings and reasons for induction / augmentation listed in the progress notes. This includes induction / augmentation by all types of agents.
- 12.2 Labor induction / augmentation may be carried out by the delivery room nurse upon an order of a physician. The physician will be available within 30 minutes of the hospital.

- 12.3 For labor induction / augmentation by physician on patient with scarred uterus, physician must be present in the hospital.

XIII. Emergency Cesarean Section

- 13.1 As per the Standards for Obstetric and Gynecologic Services, the nursing, anesthesia, neonatal resuscitation, and obstetric personnel required to perform an emergency Cesarean delivery must be either in the hospital or readily available. It should be possible, when indicated, to begin the operation within 30 minutes of the time that the decision is made to operate. Not all indications for Cesarean delivery will require a 30-minute response time. Examples of those mandating the need for expeditious delivery may include placenta previa, abruption placentae, suspected fetal compromise, prolapsed umbilical cord, and uterine rupture.

XVI. Procedures That Require an Assistant

- 14.1 Cesarean section (reference Rule X, 10-7 above)
- 14.2 Cesarean hysterectomy (reference Rule X, 10-7 above)
- 14.3 Hysterectomy
 - 14.3-1 Abdominal
 - 14.3-2 Vaginal
- 14.4 Gynecologic Oncology
 - 14.4-1 Bowel resection
 - 14.4-2 Bowel surgery
 - 14.4-3 Colostomy, ileostomy
 - 14.4-4 Colostomy and ileostomy reversal
 - 14.4-5 Cytoreduction
 - 14.4-6 Debulking upper abdomen tumors
 - 14.4-7 Dissection of pelvic side wall
 - 14.4-8 Exenteraction pelvis
 - 14.4-9 Exenteration pelvis
 - 14.4-10 Laparoscopic bowel resection
 - 14.4-11 Laparoscopic total hysterectomy and adnexectomy
 - 14.4-12 Laparoscopic radical hysterectomy

- 14.4-13 Sampling / removal of inguinal nodes
- 14.4-14 Sampling / removal of pelvic nodes
- 14.4-15 Sampling / removal of periaortic nodes
- 14.4-16 Laparoscopic sampling / removal of pelvic nodes
- 14.4-17 Laparoscopic sampling / removal of periaortic nodes
- 14.4-18 Omentectomy
- 14.4-19 Partial cystectomy
- 14.4-20 Radical colpectomy
- 14.4-21 Radical hysterectomy
- 14.4-22 Radical vaginectomy
- 14.4-23 Radical vulvectomy with groin dissection
- 14.4-24 Splenectomy
- 14.4-25 Staging
- 14.4-26 Uretero-neocystotomy
- 14.4-27 Urinary diversion
- 14.4-28 Urinary surgery for gynecologic tumors
- 14.5 Basic Urogynecology
 - 14.5-1 Needle suspensions (i.e., Stamey, Perreyra, Raz)
 - 14.5-2 Retropubic urethropexy (i.e., MMk, Burch)
 - 14.5-3 Pubovaginal slings (abdominal, vaginal)
 - 14.5-4 Midurethral slings
 - A. Retropubic (TVT, SPARC)
 - B. Transorturator (TOT, TVT-O)
 - C. Mini-slings (TVT-Secure, Mini-Arc)
- 14.6 Complex Urogynecology

- 14.6-1 Uterosacral colpopexy, vaginal
- 14.6-2 Uterosacral colpopexy, abdominal
- 14.6-3 Uterosacral colpopexy, laparoscopic
- 14.6-4 Martius bulbocavernosus fat pad graft
- 14.6-5 Abdominal paravaginal repair
- 14.6-6 Vaginal paravaginal repair
- 14.6-7 Vaginal paravaginal repair with mesh augmentation (Pinnacle, Elevate)
- 14.6-8 Sacrospinous ligament fixation
- 14.6-9 Sacrospinous colpopexy with mesh augmentation (Pinnacle, Prolift, Elevate)
- 14.6-10 Transobturator paravaginal repair with mesh augmentation (Prolift, Perigee)
- 14.6-11 Transgluteal infracoccygeal posterior repair with mesh augmentation (Prolift, Apogee)
- 14.6-12 Abdominal sacral colpopexy
- 14.6-13 Laparoscopic sacral colpopexy
- 14.7 In an emergency, all general surgeons or any other physician may assist in Cesarean sections even if they have not requested this privilege specifically.

XV. Anesthesia

- 15.1 Patients must be examined by an anesthesiologist prior to initiation of epidural anesthesia.
- 15.2 Re-activation of epidural anesthesia shall be carried out upon the written order by and under the supervision of an anesthesiologist.

XVI. Medical Records

- 16.1 A History and Physical examination shall be completed within 24 hours of admission.
- 16.2 Discharge Summaries must be written or dictated within 48 hours of discharge.
- 16.3 All patient charts must be completed and signed by the physician within 14 days following the patient's discharge.
- 16.4 A copy of the prenatal record will be made a part of the hospital chart. The prenatal record must be updated at the time of admission.

- 16.5 If an operative procedure is done, an operative note is to be immediately entered on the progress notes stating the procedure done, the findings and the general condition of the patient. The complete operative report must be dictated within 24 hours following surgery.

XVII. Professional Behavior

- 17.1 All members must comply with the Hospital's professional ethical code. Failure to communicate professionally with other Medical Staff members, nursing staff, or patients which result in written notification reports will be investigated by the Department at the time each incident occurs. Repeated written complaints will be reviewed collectively at the time of reappointment.